

THIS INSTRUMENT PREPARED BY:

NAME \_\_\_\_\_

ADDR. \_\_\_\_\_

\_\_\_\_\_



Space above is for Recording

**This Quit Claim Deed**, Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by  
(first party) \_\_\_\_\_ to

(second party) \_\_\_\_\_

whose post office address is \_\_\_\_\_

*(Wherever used herein the terms "first party" and "second party" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)*

**Witnesseth**, That the said first party, for an in consideration of the sum of \$ \_\_\_\_\_, in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the said second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel land, situate, lying and being the County of Seminole, State of Florida to wit:

**To have and to hold**, the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever for the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

**In Witness Whereof**, the said first party has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

\_\_\_\_\_  
Witness Signature as to First Party

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness Signature as to First Party

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness Signature as to Co-First Party (if applicable)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness Signature as to Co-First Party (if applicable)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of First Party

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Post Office Address

\_\_\_\_\_  
Signature of Co-First Party (if applicable)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Post Office Address

**STATE OF FLORIDA  
COUNTY OF SEMINOLE**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Print, type, or stamp commissioned name of Notary Public)